

Exhibit 25

United States of America ex rel. Ven-a-Care of the Florida Keys, Inc. v. Abbott Laboratories, Inc., et al.,
Civil Action No. 01-12257-PBS

Exhibit to the July 24, 2009, Declaration of George B. Henderson, II
In Support of United States' Common Memorandum of Law in Support of Cross-Motions for
Partial Summary Judgment and in Opposition to the Defendants' Motions for Summary
Judgment

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

In re: PHARMACEUTICAL INDUSTRY)
AVERAGE WHOLESALE PRICE)
LITIGATION)
_____)

THIS DOCUMENT RELATES TO:) MDL No. 1456
) Civil Action No. 01-12257-PBS
United States of America ex rel. Ven-a-)
Care of the Florida Keys, Inc. v. Abbott) Subcategory No. 06-11337-PBS
Laboratories, Inc., Civil Action No. 06-)
11337-PBS;) Hon. Patti B. Saris
)
United States of America ex rel. Ven-a-)
Care of the Florida Keys, Inc. v. Dey, Inc.,)
et al., Civil Action No. 05-11084-PBS; and)
)
United States of America ex rel. Ven-a-)
Care of the Florida Keys, Inc. v.)
Boehringer Ingelheim Corp., et al., Civil)
Action No. 07-10248-PBS))

DECLARATION OF KRISTIN A. FAN

I, Kristin A. Fan, do hereby declare as follows:

1. I am presently employed as the Acting Director of the Financial Management Group (FMG), Center for Medicaid and State Operations of the Center for Medicare and Medicaid Services (CMS), United States Department of Health and Human Services. Except as specifically noted, I have personal knowledge of the matters stated herein.
2. I have been with CMS since 1994 and since 2006 have served as the Deputy Director of FMG and since December 2008 have been the Acting Director. As Acting

Director, I am responsible for the oversight of all aspects of Medicaid financial management. This includes review of State Medicaid reimbursement methodology proposals, review of State Medicaid financing practices, handling of state quarterly Medicaid budget requests and review of State Medicaid expenditures in order to provide matching federal funding.

3. I understand that John Hoover, the former Technical Director of the Division of Financial Management, Center for Medicaid and State Operations, was identified by the United States in this litigation as a person having knowledge of certain matters, including procedures followed by States in seeking the federal share of Medicaid expenditures, the Forms CMS-37 and CMS-64, and other related topics. Mr. Hoover is now retired from CMS, and I am taking his place for present purposes.

Introduction

4. In this declaration I describe the processes by which States submit requests for quarterly grant awards for the Federal share of expenditures for services, training, and administration under the Medicaid program, and by which CMS reviews and approves such requests, and by which the United States makes available to the States the appropriate Federal share of expenditures. The process is governed by regulations at 42 C.F.R. § 430.30. Although I cite frequently to the regulations in my description below, it is not my intention to describe or interpret the law. Rather, in this declaration I describe, based on my personal knowledge, the practices by which states request and the federal

government approves and provides, funding of the federal share of Medicaid expenditures. The citations to the CMS regulations are merely provided for reference purposes. Additional information on CMS's practices and policies is available at the CMS website at http://www.cms.hhs.gov/MedicaidBudgetExpendSystem/02_CMS64.asp.

The Quarterly Estimate and the CMS Form 37

5. States request funds, and the United States provides funding, on a quarterly basis. The process generally begins 45 days before the upcoming quarter begins, with each state submitting to CMS a budget of what it projects the state will spend during the upcoming quarter. 42 C.F.R. § 430.30(b). The state Medicaid official provides the information electronically using a Form CMS-37. A sample Form CMS-37 is attached hereto as Exhibit 1. Along with the overall funding request, the state will provide estimates of various types service, including drug costs. *See, e.g.*, Exhibit 1 at p.2 (Form 37.3) at ln. 7. Further, the CMS-37 includes a certification that states in part:

2. The fiscal year budget estimates only include expenditures under the Medicaid program under title XIX of the Social Security Act (the Act), and as applicable, under the State Children's Health Insurance Program (SCHIP) under title XXI of the Act, that are allowable in accordance with applicable implementing Federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the fiscal year under title XIX of the Act for the Medicaid program, and as applicable, under title XXI of the Act for the SCHIP. The budget estimates are based upon the most reliable information available to the state.

Exhibit 1 at p.1 (Form 37.1).

6. A state's budget estimate for a given quarter is normally based on the state's Medicaid expenditures in prior quarters as reflected in the Form CMS-64 (described below). Therefore, if drug expenditures in prior quarters were improperly inflated for some reason, this would likely cause, absent an adjustment, the budget estimate in the Form CMS-37 for a subsequent quarter to be inflated.

7. The CMS 37 form is sent to the appropriate regional CMS office. 42 C.F.R. § 430.30(b), (d). Upon receipt, regional office staff will review the form and make recommendations to the CMS central office as to whether the state funding request should be approved, approved with adjustments, or denied. 42 C.F.R. § 430.30(d). The CMS central office reviews the regional analyst's recommendations. 42 C.F.R. § 430.30(d)(1). In deciding what funding level to approve for the following quarter, the the CMS central office "considers the State's estimates, the regional office recommendations and any other relevant information, including any adjustments to be made under paragraph (d)(2) of this section, and computes the grant." *Id.* In determining whether any adjustments should be made under subsection (d)(2) of the regulation, the central office examines any expenditures from previous quarters. 42 C.F.R. § 430.30(d)(2). Once the funding request is approved, the state can draw down the federal monies on a federal letter of credit for the allotted amount as costs are incurred.

42 C.F.R. § 430.30(d)(3). The State draws down federal funds through a commercial bank and the Federal Reserve System.¹

8. Section 430.30(d)(3), 42 C.F.R., provides that the grant award “authorizes the State to draw Federal funds *as needed to pay* the Federal share of disbursements.” *Id.* (emphasis added). It is CMS’s position that the state’s quarterly federal Medicaid award is only to be used to reimburse Medicaid providers for actual payments. 42 C.F.R. § 430.30 and 45 C.F.R. § 95.13.² In practice, a state draws down federal funds as actual reimbursements are made by the State to Medicaid providers, including pharmacies and physicians seeking payment for drugs.³ Thus, if a state overpays providers because of false provider claims, the state’s draw-down on the letter of credit for the federal share will be affected, unless an adjustment is made.

¹ The HHS Division of Payment Management (DPM) is the federal entity which oversees the transfer of grant funds to each state. *See generally*, Division of Payment Management website, www.dpm.psc.gov. The DPM administers an internet-based payment system called “Smart Link,” through which a state draws money from the federal account on an as needed basis. *Id.*

² “In addition to expenditures for Medicaid services, funds are used to reimburse the state for Medicaid training and administrative costs.” 42 C.F.R. § 430.30(a).

³ The Cash Management Improvement Act of 1990 (CMIA) was passed to rectify the problem of States drawing federal funds in advance of need. One objective of the CMIA is to minimize the time between the transfer of funds to the States and the payout for program purposes. Under CMIA, if the State draws federal funds in advance of need it can be charged interest. <http://fms.treas.gov/cmia/questions.html>.

Reconciliation and the Form CMS-64

9. After each calendar quarter, the state must submit to CMS a reconciliation of its actual Medicaid expenditures against the monetary advance made on the basis of the Form 37. 42 C.F.R. § 430.30(c). The state electronically submits this information using a Form CMS-64. A true copy of a sample Form CMS-64 is attached as Exhibit 2. A State submitting the Form CMS 64 makes a certification that includes the following:

I certify that:

1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.
2. This report only includes expenditures under the Medicaid program under Title XIX of the Social Security Act (the Act), and as applicable, under the State Children's Health Insurance Program (SCHIP) under Title XIX of the Quarter Ended indicated above under Title XXI of the Act.
3. The expenditures included in this report are based on the state's accounting of actual recorded expenditures, and are not based on estimates.

Exhibit 2 at p.1 (sample Form CMS-64).

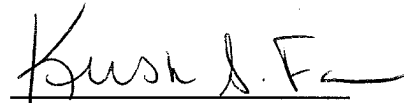
10. The CMS web site provides an explanation of the Form CMS-64. Centers for Medicare and Medicaid Services, *Medicaid Budget and Expenditure System (Medicaid Quarterly Expense Report)*, available at http://www.cms.hhs.gov/MedicaidBudgetExpendSystem/02_CMS64.asp. It states in part:

The amounts reported on Form CMS-64 and its attachments must be actual expenditures for which all supporting

documentation, in readily reviewable form, has been compiled and is available immediately at the time the claim is filed. Form CMS-64 is a statement of expenditures for which states are entitled to Federal reimbursement under Title XIX and which reconciles the monetary advance made on the basis of Form CMS-37 filed previously for the same quarter. Consequently, the amount claimed on the Form CMS-64 is a summary of expenditures derived from source documents such as invoices, cost reports and eligibility records.

11. The information in the Form CMS-64 is a source of information used in adjusting future Form-37 funding requests. 42 C.F.R. § 430.30(d)(2). If CMS believes that it has overpaid a state based on its review of the Form-64, or otherwise, CMS may adjust future authorizations to offset the overpayment or seek to recover the amount overpaid. *See* 42 U.S.C § 1396b(d)(5). Thus, while federal funding is made available prospectively to state Medicaid programs, the quarterly funding level for a state's Medicaid program is directly determined based on the state's actual, quarterly Medicaid expenditures.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.


Kristin A. Fan

Executed this 13 day of July, 2009

Exhibit 1

Medicaid Program Budget Report
State Estimate of Quarterly Grant Awards (In Thousands)

State:

Submission Date:

Contact Name for Information:

Certification Qtr:

Fiscal Year: 2002							
Fiscal Quarter	Medical Assistance Payments			State & Local Administration			Federal Share M-SCHIP
	Tot. Comp.	Fed. Share	State Share	Tot. Comp.	Fed. Share	State Share	
1. 1st Quarter							
2. 2nd Quarter							
3. 3rd Quarter							
4. 4th Quarter							
5. Total							

Fiscal Year: 2003							
Fiscal Quarter	Medical Assistance Payments			State & Local Administration			Federal Share M-SCHIP
	Tot. Comp.	Fed. Share	State Share	Tot. Comp.	Fed. Share	State Share	
6. 1st Quarter							
7. 2nd Quarter							
8. 3rd Quarter							
9. 4th Quarter							
10. Total							

I certify that:

1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.
2. The fiscal year budget estimates only include expenditures under the Medicaid program under title XIX of the Social Security Act (the Act), and as applicable, under the State Children's Health Insurance Program (SCHIP) under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the fiscal year under Title XIX of the Act for the Medicaid program, and as applicable, under Title XXI of the Act for the SCHIP.
3. The budget estimates are based upon the most reliable information available to the state.
4. The state and/or local funds required to match the state's allowable expenditures during the certification quarter will be available, and such state and/or local funds are in accordance with all applicable federal requirements for the non-federal share match of expenditures.
5. The amount of state and local funds available for quarter for the Medicaid program is .
6. Federal matching funds are not being requested for the certification quarter to match expenditures under any Medicaid state plan amendment under Title XIX of the Act and/or state Child Health Plan amendment under Title XXI of the Act that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the certification quarter.
7. The information shown above and on the Form CMS-37 Summary Sheet and the Supporting Schedules is correct to the best of my knowledge and belief.

Date:	Signature:	Title:
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User Performing Certification:

Footnotes:

The completed Budget, Expenditure and supporting forms are to be submitted via the on-line MBES/CBES system to the Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Finance, Systems and Quality Group, Division of Financial Management, located at Mailstop S3-13-15, 7500 Security Blvd., Baltimore, Maryland 21244-1850.

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report

Estimated Medical Assistance by Type of Service (In Thousands)

State:

Submission Date:

Type Of Service	Total Budgeted Services Current Year 2002		Total Budgeted Services Budget Year 2003	
	Total Computable	Federal Share	Total Computable	Federal Share
1A Inpatient Hospital / Regular Payment				
1B Inpatient Hospital / DSH Adj. Payment				
2A Mental Health / Regular Payment				
2B Mental Health / DSH Adj. Payment				
3 Nursing Facility Services				
4A Intermediate Care / Public				
4B Intermediate Care / Private				
5 Physicians' Services				
6 Outpatient Hospital Services				
7 Prescribed Drugs				
7A1 Drug Rebate / Natl. Agreement				
7A2 Drug Rebate / State Agreement				
8 Dental Services				
9 Other Practitioners' Services				
10 Clinic Services				
11 Lab/Radiological Services				
12 Home Health Services				
13 Sterilizations				
14 Abortions				
15 EPSDT Screenings				
16 Rural Health Clinic				
17A Medicare HIP / Part A Prem.				
17B Medicare HIP / Part B Prem.				
17C1 Medicare Qual Individuals 120%-134% Poverty				

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report

Estimated Medical Assistance by Type of Service (In Thousands)

State:

Submission Date:

Type Of Service	Total Budgeted Services Current Year 2002		Total Budgeted Services Budget Year 2003	
	Total Computable	Federal Share	Total Computable	Federal Share
17C2 Medicare Qual Individuals 135%-175% Poverty				
17D Medicare HIP / Coinsurance				
18A Medicaid HIP / MCO				
18B Medicaid HIP / PHP				
18C Medicaid HIP / Group				
18D Medicaid HIP / Coinsurance				
18E Medicaid HIP / Other				
19 Home-Comm Serv/Regular				
20 Home-Comm Serv/FD Elderly				
21 Community Supported Living				
22 All-Inclusive Care for Elders				
23 Personal Care				
24 Targeted Case Mgmt. Services				
25 Primary Care Case Mgmt. Services				
26 Hospice Benefits				
27 Emerg. Service Undoc. Aliens				
28 Federally Qual. Health Center				
29 Other Care Services				
30 Subtotal				
31 Collections				
32 Prior Period Adjustments				
33 Total Medicaid (non-M-SCHIP)				
34 M-SCHIP Expansions				
35 Total Medicaid				

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report

Information - Estimated Medical Assistance by Type of Service (In Thousands)

State:

Submission Date:

Type Of Service Program:	Total Budgeted Services Current Year 2002		Total Budgeted Services Budget Year 2003	
	Total Computable	Federal Share	Total Computable	Federal Share
1A Inpatient Hospital / Regular Payment				
1B Inpatient Hospital / DSH Adj. Payment				
2A Mental Health / Regular Payment				
2B Mental Health / DSH Adj. Payment				
3 Nursing Facility Services				
4A Intermediate Care / Public				
4B Intermediate Care / Private				
5 Physicians' Services				
6 Outpatient Hospital Services				
7 Prescribed Drugs				
7A1 Drug Rebate / Natl. Agreement				
7A2 Drug Rebate / State Agreement				
8 Dental Services				
9 Other Practitioners' Services				
10 Clinic Services				
11 Lab/Radiological Services				
12 Home Health Services				
13 Sterilizations				
14 Abortions				
15 EPSDT Screenings				
16 Rural Health Clinic				
17A Medicare HIP / Part A Prem.				
17B Medicare HIP / Part B Prem.				
17C1 Medicare Qual Individuals 120%-134% Poverty				

Form CMS 37.3I

Monday, August 19, 2002 - 09:29 AM

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Medicaid Program Budget Report

Information - Estimated Medical Assistance by Type of Service (In Thousands)

State:

Submission Date:

Type Of Service Program:	Total Budgeted Services Current Year 2002		Total Budgeted Services Budget Year 2003	
	Total Computable	Federal Share	Total Computable	Federal Share
17C2 Medicare Qual Individuals 135%-175% Poverty				
17D Medicare HIP / Coinsurance				
18A Medicaid HIP / MCO				
18B Medicaid HIP / PHP				
18C Medicaid HIP / Group				
18D Medicaid HIP / Coinsurance				
18E Medicaid HIP / Other				
19 Home-Comm Serv/Regular				
20 Home-Comm Serv/FD Elderly				
21 Community Supported Living				
22 All-Inclusive Care for Elders				
23 Personal Care				
24 Targeted Case Mgmt. Services				
25 Primary Care Case Mgmt. Services				
26 Hospice Benefits				
27 Emeg. Service Undoc. Aliens				
28 Federally Qual. Health Center				
29 Other Care Services				
30 Subtotal				
31 Collections				
32 Prior Period Adjustments				
33 Total Medicaid (non-M-SCHIP)				
34 M-SCHIP Expansions				
35 Total Medicaid				

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Medicaid Program Budget Report Estimated Average Number Of Eligibles During The Year

State:

Submission Date:

Eligible Categories	Actuals	Estimate	Estimate	Change From Base Year To FY 2002	Percent Change From Base Year To FY 2002	Change From FY 2002 To FY 2003	Percent Change FY
	Base Year 2001	FY 2002	FY 2003				
1 Blind and Disabled							
2A Aged 65 and Over (Non-Disabled) Qualified Medicare Beneficiaries only							
2B Aged 65 and Over (Non-Disabled) Other Aged							
2C Subtotal Aged 65 and Over (Non-Disabled)							
3A Other Adults (Non-Disabled/Non-Aged). Pregnancy Benefit Adults							
3B Other Adults (Non-Disabled/Non-Aged). Non-Pregnancy Benefit Adults							
3C Subtotal Other Adults (Non-Disabled/Non-Aged)							
4A Non-Disabled Children. Age less than 1 Year.							
4B Non-Disabled Children. Age 1 to 5.							

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report
Estimated Average Number Of Eligibles During The Year

State:

Submission Date:

Eligible Categories	Actuals	Estimate	Estimate	Change From Base Year To FY 2002	Percent Change From Base Year To FY 2002	Change From FY 2002 To FY 2003	Percent Change FY
	Base Year 2001	FY 2002	FY 2003				
4C Non-Disabled Children. Other Children.							
4D Subtotal Non-Disabled Children.							
5 Total Average Number of Eligibles During the Year.							

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Centers for Medicare & Medicaid Services

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Medicaid Program Budget Report
State And Local Administration (In Thousands)

State:**Submission Date:**

State And Local Administration	FFP Rates	Total Administration Fiscal Year 2002		Total Administration Fiscal Year 2003	
		Total Comp.	Fed. Share	Total Comp.	Fed. Share
1 Family Planning					
2A Design, Develop or Install MMIS: Inhouse and Other State Activities					
2B Design, Develop or Install MMIS: Private Sector Contractors					
2C Design, Develop or Install MMIS: Drug Claims System					
3 Skilled Professional Medical Personnel					
4A Operation of an Approved MMIS: Inhouse and Other State Activities					
4B Operation of an Approved MMIS: Private Sector Contractors					
5A Non-MMIS Systems: Inhouse and Other State Activities					
5B Non-MMIS Systems: Private Sector Contractors					
6 Peer Review Organization					

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report
State And Local Administration (In Thousands)

State:**Submission Date:**

State And Local Administration	FFP Rates	Total Administration Fiscal Year 2002		Total Administration Fiscal Year 2003	
		Total Comp.	Fed. Share	Total Comp.	Fed. Share
7A TPL-Billing Offset					
7B Assignment of Rights-Billing Offset					
8 Immigration Status System					
9 Nurse Aide Training and Competency Evaluation Programs Costs					
10 Preadmission Screening Costs					
11 Resident Review Activities					
12 Drug Use Review Program					
13 Outstationed Eligibility Workers					
14 TANF Base Allocation					
15 TANF Secondary Allocation - 90%					

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Medicaid Program Budget Report
State And Local Administration (In Thousands)

State:**Submission Date:**

State And Local Administration	FFP Rates	Total Administration Fiscal Year 2002		Total Administration Fiscal Year 2003	
		Total Comp.	Fed. Share	Total Comp.	Fed. Share
16 TANF Secondary Allocation - 75%					
17 External Quality Reviews					
18 Enrollment Brokers					
19 Other Financial Participation					
20 Sub-Total (Line 1-19)					
21 Collections					
22 Prior Period Adjustments					
23 Total Administration					

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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OMB No. 0938-0101

Medicaid Program Budget Report State And Local Administration (In Thousands)

State:

Submission Date:

State And Local Administration	FFP Rate	Fiscal Year 2002					Fiscal Year 2003				
		Salaries And Expenses		Other Administration		FTE'	Salaries And Expenses		Other Administration		FTE'
		Total Comp.	Fed. Share	Total Comp.	Fed. Share		Total Comp.	Fed. Share	Total Comp.	Fed. Share	
1 Family Planning	90										
2A Design, Develop or Install MMIS: Inhouse and Other State Activities	90										
2B Design, Develop or Install MMIS: Private Sector Contractors	90										
2C Design, Develop or Install MMIS: Drug Claims System	90										
3 Skilled Professional Medical Personnel	75										
4A Operation of an Approved MMIS: Inhouse and Other State Activities	75										
4B Operation of an Approved MMIS: Private Sector Contractors	75										
5A Non-MMIS Systems: Inhouse and Other State Activities	50										
5B Non-MMIS Systems: Private Sector Contractors	50										
6 Peer Review Organization	75										

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report State And Local Administration (In Thousands)

State:

Submission Date:

State And Local Administration	FFP Rate	Fiscal Year 2002					Fiscal Year 2003				
		Salaries And Expenses		Other Administration		FTE'	Salaries And Expenses		Other Administration		FTE'
		Total Comp.	Fed. Share	Total Comp.	Fed. Share		Total Comp.	Fed. Share	Total Comp.	Fed. Share	
7A TPL-Billing Offset	50										
7B Assignment of Rights-Billing Offset	50										
8 Immigration Status System	100										
9 Nurse Aide Training and Competency Evaluation Programs Costs	50										
10 Preadmission Screening Costs	75										
11 Resident Review Activities	75										
12 Drug Use Review Program	50										
13 Outstationed Eligibility Workers	50										
14 TANF Base Allocation	90										
15 TANF Secondary Allocation - 90%	90										

Department of Health & Human Services
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Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report State And Local Administration (In Thousands)

State:

Submission Date:

State And Local Administration	FFP Rate	Fiscal Year 2002					Fiscal Year 2003				
		Salaries And Expenses		Other Administration		FTE'	Salaries And Expenses		Other Administration		FTE'
		Total Comp.	Fed. Share	Total Comp.	Fed. Share		Total Comp.	Fed. Share	Total Comp.	Fed. Share	
16 TANF Secondary Allocation - 75%	75										
17 External Quality Reviews	75										
18 Enrollment Brokers	50										
19 Other Financial Participation	50										
20 Sub-Total (Line 1-19)											
21 Collections											
22 Prior Period Adjustments											
23 Total Administration											

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report
Information - State and Local Administration (In Thousands)

State:

Submission Date:

State And Local Administration Program:	FFP Rate	Fiscal Year 2002					Fiscal Year 2003				
		Salaries And Expenses		Other Administration		FTE'	Salaries And Expenses		Other Administration		FTE'
		Total Comp.	Fed. Share	Total Comp.	Fed. Share		Total Comp.	Fed. Share	Total Comp.	Fed. Share	
1 Family Planning	90										
2A Design, Develop or Install MMIS: Inhouse and Other State Activities	90										
2B Design, Develop or Install MMIS: Private Sector Contractors	90										
2C Design, Develop or Install MMIS: Drug Claims System	90										
3 Skilled Professional Medical Personnel	75										
4A Operation of an Approved MMIS: Inhouse and Other State Activities	75										
4B Operation of an Approved MMIS: Private Sector Contractors	75										
5A Non-MMIS Systems: Inhouse and Other State Activities	50										
5B Non-MMIS Systems: Private Sector Contractors	50										
6 Peer Review Organization	75										

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report
Information - State and Local Administration (In Thousands)

State:

Submission Date:

State And Local Administration Program:	FFP Rate	Fiscal Year 2002					Fiscal Year 2003				
		Salaries And Expenses		Other Administration		FTE'	Salaries And Expenses		Other Administration		FTE'
		Total Comp.	Fed. Share	Total Comp.	Fed. Share		Total Comp.	Fed. Share	Total Comp.	Fed. Share	
7A TPL-Billing Offset	50										
7B Assignment of Rights-Billing Offset	50										
8 Immigration Status System	100										
9 Nurse Aide Training and Competency Evaluation Programs Costs	50										
10 Preadmission Screening Costs	75										
11 Resident Review Activities	75										
12 Drug Use Review Program	50										
13 Outstationed Eligibility Workers	50										
14 TANF Base Allocation	90										
15 TANF Secondary Allocation - 90%	90										

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report
Information - State and Local Administration (In Thousands)

State:

Submission Date:

State And Local Administration Program:	FFP Rate	Fiscal Year 2002					Fiscal Year 2003				
		Salaries And Expenses		Other Administration		FTE'	Salaries And Expenses		Other Administration		FTE'
		Total Comp.	Fed. Share	Total Comp.	Fed. Share		Total Comp.	Fed. Share	Total Comp.	Fed. Share	
16 TANF Secondary Allocation - 75%	75										
17 External Quality Reviews	75										
18 Enrollment Brokers	50										
19 Other Financial Participation	50										
20 Sub-Total (Line 1-19)											
21 Collections											
22 Prior Period Adjustments											
23 Total Administration											

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0101

Medicaid Program Budget Report
Other Budget Narratives

State: Alabama		Submission Date:
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Other Narrative Explanations

Exhibit 2

Quarterly Medicaid Statement of Expenditures
For the Medical Assistance Program

State:

Quarter Ended:

Certification				
CMS 64 Summary Sheet	Medical Assistance Payments		State and Local Administration	
	Total Computable	Federal Share	Total Computable	Federal Share
	(A)	(B)	(C)	(D)
Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)				
I certify that:				
1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.				
2. This report only includes expenditures under the Medicaid program under title XIX of the Social Security Act (the Act), and as applicable, under the State Children's Health Insurance Program (SCHIP) under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the Quarter Ended indicated above under Title XIX of the Act for the Medicaid program, and as applicable, under Title XXI of the Act for the SCHIP.				
3. The expenditures included in this report are based on the state's accounting of actual recorded expenditures, and are not based on estimates.				
4. The required amount of state and/or local funds were available and used to match the state's allowable expenditures included in this report, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures.				
5. Federal matching funds are not being claimed on this report to match any expenditure under any Medicaid and/or SCHIP state plan amendment that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the Quarter Ended indicated above.				
6. The information shown above and on the Form CMS-64 Summary Sheet and the Supporting Schedules is correct to the best of my knowledge and belief.				
Date:	Signature:		Title:	
User Performing Certification:				
Forward completed Quarterly Statement of Expenditures (Summary Sheet) with supporting computation form(s) and schedule(s) to the				

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter

State:

Quarter Ended:

Medical Assistance Payments		Total Comp.	Federal Share						Total Federal Share
			FMAP 70.45%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%	Federal Share	
			(A)	(B)	(C)	(D)	(E)	(F)	
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
3	Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
5	Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
8	Dental Services								
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No. 0								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17C2	135% - 175% Of Poverty								
17D	Coinsurance And Deductibles								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State:

Quarter Ended:

Medical Assistance Payments		Total Comp.	Federal Share						Total Federal Share
			FMAP 70.45%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%	Federal Share	
			(A)	(B)	(C)	(D)	(E)	(F)	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B	Medicaid Health Insurance Payments: Prepaid Health Plans (PHP)								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19	Home And Community-Based Services								
20	Home And Community-Based Care For Functionally Disabled Elderly								
21	Community Supported Living Services								
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Other Care Services								
30	Total								

**Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures In This Quarter**

State:

Quarter Ended:

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)	(D)	
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
2C	Design Development Or Installation Of MMIS: Drug Claims System						
3	Skilled Professional Medical Personnel						
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors						
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
6	Peer Review Organizations						
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training Costs						
10	Preadmission Screening Costs						
11	Resident Review Activities Costs						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary 90%						
16	TANF Secondary 75%						
17	External Review						
18	Enrollment Brokers						
19	Other Financial Participation						
20	Total						

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended:

		Inpatient Hospital		Mental Health Fac. Serv.		Total	
		Total	Federal	Total	Federal	Total	Federal
		Computable	Share	Computable	Share	Computable	Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY 1992 (10/01/1991 - 09/30/1992)							
1	Line 6						
2	Line 7						
3	Line 8						
4	Line 10						
FFY 1993 (10/01/1992 - 09/30/1993)							
1	FFY 1993 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6						
4	Line 7						
5	Line 8						
6	Line 10						
7	Unused FFY 1993 Allotment						
FFY 1994 (10/01/1993 - 09/30/1994)							
1	FFY 1994 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6						
4	Line 7						
5	Line 8						
6	Line 10						
7	Unused FFY 1994 Allotment						
FFY 1995 (10/01/1994 - 09/30/1995)							
1	FFY 1995 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6						
4	Line 7						
5	Line 8						
6	Line 10						
7	Unused FFY 1995 Allotment						
FFY 1996 (10/01/1995 - 09/30/1996)							
1	FFY 1996 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6						
4	Line 7						
5	Line 8						
6	Line 10						
7	Unused FFY 1996 Allotment						

Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

State:

Quarter Ended:

		Inpatient Hospital		Mental Health Fac. Serv.		Total	
		Total	Federal	Total	Federal	Total	Federal
		Computable	Share	Computable	Share	Computable	Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY 1997 (10/01/1996 - 09/30/1997)							
1	FFY 1997 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6						
4	Line 7						
5	Line 8						
6	Line 10						
7	Unused FFY 1997 Allotment						
FFY 1998 (10/01/1997 - 09/30/1998)							
1	FFY 1998 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 1998 Allotment						
FFY 1999 (10/01/1998 - 09/30/1999)							
1	FFY 1999 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 1999 Allotment						

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended:

		Inpatient Hospital		Mental Health Fac. Serv.		Total	
		Total	Federal	Total	Federal	Total	Federal
		Computable	Share	Computable	Share	Computable	Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY 2000 (10/01/1999 - 09/30/2000)							
1	FFY 2000 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 2000 Allotment						
FFY 2001 (10/01/2000 - 09/30/2001)							
1	FFY 2001 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 2001 Allotment						

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:Quarter Ended:

		Inpatient Hospital		Mental Health Fac. Serv.		Total	
		Total	Federal	Total	Federal	Total	Federal
		Computable	Share	Computable	Share	Computable	Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY 2002 (10/01/2001 - 09/30/2002)							
1	FFY 2002 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 2002 Allotment						

Quarterly Medicaid Statement of Expenditures
For the Medical Assistance Program
Summary Sheet

State:

Quarter Ended:

Section C Expenditures Reported for Period By Form Number	Medical Assist. Payments		Medicaid/CHIP		State and Local Admin.	
	Total Comp.	Fed. Share	Total Comp.	Fed. Share	Total Comp.	Fed. Share
	(A)	(B)	(C)	(D)	(E)	(F)
6. Expenditures In This Quarter						
From Form CMS-64.9/CMS-64.10						
From Form CMS-64.21						
From Form CMS-64.21U						
7. Adjustments Increasing Claims For Prior Quarters:						
From Form CMS 64.9P/CMS 64.10						
From Form CMS-64.21P						
From Form CMS-64.21UP						
8. Other Expenditures						
From Form CMS 64.9P/CMS 64.10P						
From Form CMS-64.21P						
From Form CMS-64.21UP						
9. Collections						
Collections From Form CMS-64.9 Summary Sheet						
10. Adjustments Decreasing Claims For Prior Quarters:						
A. Federal Audit						
From Form CMS 64.9P/CMS 64.10P						
From Form CMS 64.21P						
From Form CMS 64.21UP						
10. Adjustments Decreasing Claims For Prior Quarters:						
B. Other						
From Form CMS 64.9P/CMS 64.10P						
From Form CMS 64.21P						
From Form CMS 64.21UP						
10.C. Adjustments Decreasing Claims For Prior Quarters:						
From Form CMS-64.90						
11. Net Expenditures Reported In This Period:						
Net Expenditures Reported This Period						

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter

State:

Quarter Ended:

Medical Assistance Payments		Total Comp (A)	Federal Share					Total Federal Share (G)
Type of Waiver:	Waiver Name:		FMAP (B)	IHS Facility Services 100% (C)	Family Plan. Services 90% (D)	Opt. Brst. & Cerv. Cancer Services (E)	0.00% Federal Share (F)	
Waiver Number:		(A)	(B)	(C)	(D)	(E)	(F)	(G)
1A	Inpatient Hospital Services - Regular Payments							
1B	Inpatient Hospital Service - DSH Adjustment Payments							
2A	Mental Health Facility Services - Regular Payments							
2B	Mental Health Facility Services - DSH Adjustment Payments							
3	Nursing Facility Services							
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers							
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers							
5	Physicians' Services							
6	Outpatient Hospital Services							
7	Prescribed Drugs							
7A1	Drug Rebate Offset - National Agreement							
7A2	Drug Rebate Offset - State Sidebar Agreement							
8	Dental Services							
9	Other Practitioners' Services							
10	Clinic Services							
11	Laboratory And Radiological Services							
12	Home Health Services							
13	Sterilizations							
14	Abortions No.							
15	EPSDT Screening Services							
16	Rural Health Clinic Screening							
17A	Medicare Health Insurance Payments - Part A Premiums							
17B	Medicare Health Insurance Payments - Part B Premiums							
17C1	120% - 134% Of Poverty							
17C2	135% - 175% Of Poverty							
17D	Coinsurance And Deductibles							
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)							
18B	Medicaid Health Insurance Payments: Prepaid Health Plans (PHP)							
18C	Medicaid Health Insurance Payments: Group Health Plan Payments							
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles							
18E	Medicaid Health Insurance Payments: Other							
19	Home And Community-Based Services							
20	Home And Community-Based Care For Functionally Disabled Elderly							
21	Community Supported Living Services							
22	Programs Of All-Inclusive Care Elderly							
23	Personal Care Services							
24	Targeted Case Management Services							
25	Primary Care Case Management Services							
26	Hospice Benefits							
27	Emergency Services Undocumented Aliens							
28	Federally-Qualified Health Center							
29	Other Care Services							
30	Total							

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #									
Medical Assistance Payments		Total Comp.	Federal Share						Deferral Or C.I.N. Number
			FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share	
			(A)	(B)	(C)	(D)	(E)	(F)	
1A	Inpatient Hospital Services: Regular Payments								
1B	Inpatient Hospital Services: DSH Adjustment Payments								
2A	Mental Health Facility Services: Regular Payments								
2B	Mental Health Facility Services: DSH Adjustment Payments								
3	Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
5	Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
8	Dental Services								
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions								
15	EPSDT Screening Services								
16	Rural Health Clinic Services								
17A	Medicare Health Insurance Payments: Part A Premiums								
17B	Medicare Health Insurance Payments: Part B Premiums								
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty								
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty								

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:

Fiscal Year:

Line #									
Medical Assistance Payments		Total Comp.	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%		
			(B)	(C)	(D)	(E)	(F)		
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations								
18B	Medicaid Health Insurance Payments: Prepaid Health Plans								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles								
18E	Medicaid Health Insurance Program: Other								
19	Home And Community-Based Services								
20	Home And Community-Based Care For Functionally Disabled Elderly								
21	Community Supported Living Services								
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Other Care Services								
30	Total								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:

Fiscal Year:

Line #									
Medical Assistance Type of Waiver: Waiver Name: Waiver Number:		Total Comp.	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP	I.H.S Fac. Services 100%	Fam. Plan. Services 90%	Opt. Brst & Cerv. Cancer Services	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments								
1B	Inpatient Hospital Services: DSH Adjustment Payments								
2A	Mental Health Facility Services: Regular Payments								
2B	Mental Health Facility Services: DSH Adjustment Payments								
3	Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
5	Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate - National Agreement								
7A2	Drug Rebate - State Sidebar Agreement								
8	Dental Services								
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health								
13	Sterilizations								
14	Abortions								
15	EPSDT Screening Services								
16	Rural Health Clinic Services								
17A	Medicare Health Insurance Payments: Part A Premiums								
17B	Medicare Health Insurance Payments: Part B Premiums								
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty								
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty								

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:

Fiscal Year:

Line #									
Medical Assistance		Total Comp.	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Type of Waiver:	Waiver Name:		FMAP	I.H.S Fac. Services 100%	Fam. Plan. Services 90%	Opt. Brst & Cerv. Cancer Services	0.00%	Federal Share	
Waiver Number:		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations								
18B	Medicaid Health Insurance Payments: Prepaid Health Plans								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles								
18E	Medicaid Health Insurance Program: Other								
19	Home And Community-Based Services								
20	Home And Community-Based Care For Functionally Disabled Elderly								
21	Community Supported Living Services								
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Other Care Services								
30	Total								

Medicaid Overpayment Adjustment

State:

Quarter Ended:

Overpayment Activity		Total Computable	Federal Share				Total Fed Share
			FY 1999	FY 2000	FY 2001	FY 2002	
		(A)	(B)	(C)	(D)	(E)	(F)
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 60-Day Time Limit						
2	Decreasing Adjustments To Amounts Previously Reported On Line 1						
3	Subtotal						
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business						
5	Total Overpayment Adjustments This Quarter						

Third Party Liability Collections
And Cost Avoidance

State:Quarter Ended:

		Total Computable	Federal Share
		(A)	(B)
A. Third Party Liability Collections			
A1A	Amount Of Third Liability Collections Made In This Quarter By Source: Medicare Title XVIII		
A1B1	Other Collections: Health Insurance		
A1B2	Other Collections: Casualty Insurance		
A1C	Total Collections Under Cooperative Agreements Section 1903(p) And Assignment of Right Section 1912		
A1C1	Total Collections: Less Excess Paid To Individuals		
A1C2	Net Collections To Reimburse State Title XIX Medical Payments		
A1C3	Less 15% Incentive Actually Paid Under Section 1903(p)(1)		
A1C4	Net Federal Share Of Collections Reportable		
A2	Total Third Party Liability Collections		
B. Cost Avoidance			
B1	Medicare Title XVIII		
B2	Health Insurance		
B3	Other Cost Avoidance		

Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures In This Quarter

State:

Quarter Ended:

Type of Waiver: Waiver Name: Waiver Number:	Total Computable (A)	Federal Share				Total Federal Share (D)
		FFP Rate	Federal Share	0.00%	Federal Share	
		(B)		(C)		
1 Family Planning						
2A Design Development Or Installation Of MMIS: Cost of In-House Activities						
2B Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
2C Design Development Or Installation Of MMIS: Drug Claims System						
3 Skilled Professional Medical Personnel						
4A Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
4B Operation Of An Approved MMIS: Cost of Private Sector Contractors						
5A Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
6 Peer Review Organizations						
7A Third Party Liability: Recovery Procedure - Billing Offset						
7B Third Party Liability: Assignment Of Rights - Billing Offset						
8 Immigration Status Verification System Costs (100% FFP)						
9 Nurse Aide Training Costs						
10 Preadmission Screening Costs						
11 Resident Review Activities Costs						
12 Drug Use Review Program						
13 Outstationed Eligibility Workers						
14 TANF Base						
15 TANF Secondary 90%						
16 TANF Secondary 75%						
17 External Review						
18 Enrollment Brokers						
19 Other Financial Participation						
20 Total						

Expenditures for State and Local Administration
For the Medical Assistance Program
Prior Period Adjustments

State:

Quarter Ended:
Prior Fiscal Year:

Line #								
		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	0.00%	Federal Share		
		(A)	(B)		(C)		(D)	(E)
1	Family Planning							
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities							
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
2C	Design Development Or Installation Of MMIS: Drug Claims System							
3	Skilled Professional Medical Personnel							
4A	Operation Of An Approved MMIS: Cost Of In-House Activities							
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
6	Peer Review Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
8	Immigration Status Verification System Costs (100% FFP)							
9	Nurse Aide Training							
10	Preadmission Screening Costs							
11	Resident Review Activities Cost							
12	Drug Use Review Program							
13	Outstationed Eligibility Workers							
14	TANF Base							
15	TANF Secondary (90%)							
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							
19	Other Financial Participation							
20	Total							

Expenditures for State and Local Administration
For the Medical Assistance Program
Prior Period Adjustments

State:

Quarter Ended:
Prior Fiscal Year:

Line #							
Type of Waiver: Waiver Name: Waiver Number:		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	0.00% Federal Share		
		(A)	(B)	(C)	(D)	(E)	
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities						
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors						
2C	Design Development Or Installation Of MMIS: Drug Claims System						
3	Skilled Professional Medical Personnel						
4A	Operation Of An Approved MMIS: Cost Of In-House Activities						
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors						
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
6	Peer Review Organizations						
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						
18	Enrollment Brokers						
19	Other Financial Participation						
20	Total						

Summary Total Of Receipts From Form HCFA 64.11A

State:

Quarter Ended:

Category		Total Receipts
(A)		(B)
Donations		
1.	Donations-Permissible (Bona Fide)	
1.A.	Donations-Permissible (Bona Fide) - SCHIP Related	
2.	Donations-Impermissible	
2.A.	Donations-Impermissible - SCHIP Related	
3.	Donations-Outstationed Eligibility Workers	
3.A.	Donations-Outstationed Eligibility Workers - SCHIP Related	
Taxes		
4.	Taxes-Permissible	
4.A.	Taxes-Permissible - SCHIP Related	
5.	Taxes-Impermissible	
5.A.	Taxes-Impermissible - SCHIP Related	
Fees		
6.	Fees - Permissible	
6.A.	Fees - Permissible - SCHIP Related	
7.	Fees - Impermissible	
7.A.	Fees Impermissible - SCHIP Related	
Assessments		
8.	Assessments - Permissible	
8.A.	Assessments - Permissible - SCHIP Related	
9.	Assessments - Impermissible	
9.A.	Assessments - Impermissible - SCHIP Related	
Totals		
10.	Total Permissible Taxes, Fees, and Assessments (Lines 4+4.A.+6+6.A.+8+8.A.)	
11.	Total Impermissible Taxes, Fees, and Assessments (Lines 5+5.A.+7+7.A.+9+9.A.)	

Actual Receipts By Plan Name

State:Quarter Ended:

CODES:		
1. Donations - Permissible (Bona Fide)	4. Taxes - Permissible	7. Fees - Impermissible
1.A. Donations - Permissible (Bona Fide) - SCHIP Related	4.A. Taxes - Permissible - SCHIP Related	7.A. Fees - Impermissible - SCHIP Related
2. Donations - Impermissible	5. Taxes - Impermissible	8. Assessments - Permissible
2.A. Donations - Impermissible - SCHIP Related	5.A. Taxes - Impermissible - SCHIP Related	8.A. Assessments - Permissible - SCHIP Related
3. Donations - Outstationed Eligibility Workers	6. Fees - Permissible	9. Assessments - Impermissible
3.A. Donations - Outstationed Eligibility Workers - SCHIP Related	6.A. Fees - Permissible - SCHIP Related	9.A. Assessments - Impermissible - SCHIP Related
Code	Plan Name	Receipts
(A)	(B)	(C)

Medicaid Drug Rebate Schedule

State:

Quarter Ended:

Drug Rebate		Total Computable					
		Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	Total
		06/30/2002	03/31/2002	12/31/2001	09/30/2001	06/30/2001 and Prior	
		(A)	(B)	(C)	(D)	(E)	(F)
1	Balance Of The Beginning Of The Quarter						
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1						
3	Rebates Invoiced In This Quarter	0					
4	Subtotal	0					
5	Rebates Reported On This Expenditure Report	0					
6	Balance As Of The End Of The Quarter	0					

FOOTNOTE:

Medicaid Program Expenditure Report
Other Narrative Explanations

State:Quarter Ended:

Narrative

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program
Expenditure Categories

State:

Quarter Ended:

Type of Eligible:		Total Comp. (A)	Federal Share			Total Federal Share (E)
			FMAP 0.00% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets					
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments					
4	Nursing Care Services					
5	Physican And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Total					

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended:
Fiscal Year:

Line #						
Type Of Eligible:		Total Computable	Federal Share			Deferral Or C.I.N. Number
			FMAP 0.00%	I.H.S Facility Services 100%	Fam. Plan. Services 90%	
			(A)	(B)	(C)	
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
9	Dental Services					
10	Vision Services					
11	Other Practicioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

**Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program
Expenditure Categories**

State:

Quarter Ended:

Type of Eligible: Type of Waiver: Waiver Name: Waiver Number:		Total Computable (A)	Federal Share			Total Federal Share (E)
			FMAP 0.00% (B)	I.H.S Facility Services 100% (C)	Fam. Plan. Services 90% (D)	
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets					
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments					
4	Nursing Care Services					
5	Physican And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Total					

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended:
Fiscal Year:

Line #							
Type Of Eligible: Type of Waiver: Waiver Name: Waiver Number:		Total Computable (A)	Federal Share			Total Federal Share (E)	Deferral Or C.I.N. Number (F)
			FMAP	I.H.S Facility	Fam. Plan.		
			0.00%	Services	Services		
			(B)	(C)	(D)		
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid						
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset						
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid						
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset						
2	Inpatient Hospital Services - Regular Payments						
2A	Inpatient Hospital Services - DSH Adjustments Payments						
3	Inpatient Mental Health Facility Services - Regular Payments						
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments						
4	Nursing Care Services						
5	Physician And Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						
8	Prescribed Drugs						
8A1	Drug Rebate - National Agreement						
8A2	Drug Rebate - State Sidebar Agreement						
9	Dental Services						
10	Vision Services						
11	Other Practicioners' Services						
12	Clinic Services						
13	Therapy Services						
14	Laboratory And Radiological services						
15	Durable And Disposable Medical Equipment						
16	Family Planning						
17	Abortions						
18	Screening Services						
19	Home Health						
20	Medicare Payments						
21	Home And Community-Based Services						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Balance						
27	Collections						
28	Total						

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program
Expenditure Categories

State:

Quarter Ended:

Type of Eligible:		Total Comp. (A)	Federal Share		Total Federal Share (D)
			FMAP 0.00%	Enhanced FMAP 0.00%	
			(B)	(C)	
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				
8A2	Drug Rebate - State Sidebar Agreement				
9	Dental Services				
10	Vision Services				
11	Other Practicioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
18	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program
Expenditure Categories

State:

Quarter Ended:

Type of Eligible: Type of Waiver: Waiver Name: Waiver Number:		Total Comp. (A)	Federal Share		Total Federal Share (D)
			FMAP 0.00%	Enhanced FMAP 0.00%	
			(B)	(C)	
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				
8A2	Drug Rebate - State Sidebar Agreement				
9	Dental Services				
10	Vision Services				
11	Other Practicioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
18	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended:

Fiscal Year:

Line #					
Type of Eligible:		Federal Share		Total Federal Share	Deferral Or C.I.N. Number
		FMAP 0.00%	Enhanced FMAP 0.00%		
		(A)	(B)	(D)	(E)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				
8A2	Drug Rebate - State Sidebar Agreement				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
18	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Balance				
27	Collections				
28	Total				

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State: Alabama

Quarter Ended: 06/30/2002

Fiscal Year:

Line #					
Type of Eligible:		Federal Share		Total	Deferral
Type of Waiver:	Total	FMAP	Enhanced	Federal	Or
Waiver Name:	Comp.	0.00%	FMAP	Share	C.I.N.
Waiver Number:	(A)	(B)	(C)	(D)	Number
					(E)
1A Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2 Inpatient Hospital Services - Regular Payments					
2A Inpatient Hospital Services - DSH Adjustments Payments					
3 Inpatient Mental Health Facility Services - Regular Payments					
3A Inpatient Mental Health Facility Services - DSH Adjustments Payments					
4 Nursing Care Services					
5 Physician And Surgical Services					
6 Outpatient Hospital Services					
7 Outpatient Mental Health Facility Services					
8 Prescribed Drugs					
8A1 Drug Rebate - National Agreement					
8A2 Drug Rebate - State Sidebar Agreement					
9 Dental Services					
10 Vision Services					
11 Other Practitioners' Services					
12 Clinic Services					
13 Therapy Services					
14 Laboratory And Radiological Services					
15 Durable And Disposable Medical Equipment					
16 Family Planning					
17 Abortions					
18 Screening Services					
19 Home Health					
20 Medicare Payments					
21 Home And Community-Based Services					
22 Hospice					
23 Medical Transportation					
24 Case Management					
25 Other Services					
26 Balance					
27 Collections					
28 Total					

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter

State:

Quarter Ended:

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 70.45% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	0.00% (F)	Federal Share	
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
3	Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
5	Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
8	Dental Services								
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No. 0								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17C2	135% - 175% Of Poverty								
17D	Coinsurance And Deductibles								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State:

Quarter Ended:

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 70.45%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%	Federal Share	
			(B)	(C)	(D)	(E)		(F)	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B	Medicaid Health Insurance Payments: Prepaid Health Plans (PHP)								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19	Home And Community-Based Services								
20	Home And Community-Based Care For Functionally Disabled Elderly								
21	Community Supported Living Services								
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Other Care Services								
30	Total								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:

Fiscal Year:

Line #									
Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share						Deferral Or C.I.N. Number
			FMAP 70.45%	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share	
			(A)	(B)	(C)	(D)	(E)	(F)	
1A	Inpatient Hospital Services: Regular Payments								
1B	Inpatient Hospital Services: DSH Adjustment Payments								
2A	Mental Health Facility Services: Regular Payments								
2B	Mental Health Facility Services: DSH Adjustment Payments								
3	Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
5	Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
8	Dental Services								
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions 0								
15	EPSDT Screening Services								
16	Rural Health Clinic Services								
17A	Medicare Health Insurance Payments: Part A Premiums								
17B	Medicare Health Insurance Payments: Part B Premiums								
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty								
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:

Fiscal Year:

Line #									
Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 70.45%	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%		
			(B)	(C)	(D)	(E)	(F)		
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations								
18B	Medicaid Health Insurance Payments: Prepaid Health Plans								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles								
18E	Medicaid Health Insurance Program: Other								
19	Home And Community-Based Services								
20	Home And Community-Based Care For Functionally Disabled Elderly								
21	Community Supported Living Services								
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Other Care Services								
30	Total								

**Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures In This Quarter**

State:

Quarter Ended:

Administration Special Issue Reporting Program:		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)	(D)	
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
2C	Design Development Or Installation Of MMIS: Drug Claims System						
3	Skilled Professional Medical Personnel						
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors						
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
6	Peer Review Organizations						
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training Costs						
10	Preadmission Screening Costs						
11	Resident Review Activities Costs						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary 90%						
16	TANF Secondary 75%						
17	External Review						
18	Enrollment Brokers						
19	Other Financial Participation						
20	Total						

Expenditures for State and Local Administration
For the Medical Assistance Program
Prior Period Adjustments

State:

Quarter Ended:

Prior Fiscal Year:

Line #		Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Administration Special Issue Reporting Program:		Total Computable	FFP Rate	Federal Share	0.00%	Federal Share		
1	Family Planning							
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities							
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
2C	Design Development Or Installation Of MMIS: Drug Claims System							
3	Skilled Professional Medical Personnel							
4A	Operation Of An Approved MMIS: Cost Of In-House Activities							
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
6	Peer Review Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
8	Immigration Status Verification System Costs (100% FFP)							
9	Nurse Aide Training							
10	Preadmission Screening Costs							
11	Resident Review Activities Cost							
12	Drug Use Review Program							
13	Outstationed Eligibility Workers							
14	TANF Base							
15	TANF Secondary (90%)							
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							
19	Other Financial Participation							
20	Total							